

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034303

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2370

STATE FILE NUMBER

FILED AUG 29 1963

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Koch</b>		c. CITY OR TOWN <b>St. Louis, Mo.</b>	
Length of stay in 1b <b>6 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>2103a Palm</b>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Brady</b> Last		4. DATE OF DEATH Month <b>July</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-25-91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
13a. FATHER'S NAME <b>Joseph Brady</b>		14. NAME OF HUSBAND OR WIFE <b>Maude Brady</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <b>YES W. W. II</b>		17. INFORMANT <b>Records of Robt. Koch Hosp. - Koch, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic pulmonary tuberculosis, far advanced</b>		INTERVAL BETWEEN ONSET AND DEATH <b>? 3 mos.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>	
21. I attended the deceased from <b>7-20-63</b> to <b>7-26-63</b> and last saw him alive on <b>7-25-63</b> Death occurred at <b>8:00</b> a. _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>Robt. Koch Hosp. - Koch, Mo.</b>	
22a. SIGNATURE <b>Leo J. Lipsitz, M.D.</b> (Degree or title)		22c. DATE SIGNED <b>7-26-63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-29-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY J B ST. LOUIS CO. MO.</b>	
24. FUNERAL DIRECTOR <b>STROOT CARROLL 4600 NATURAL BRIDGE</b>		25. DATE RECD. BY LOCAL REG. <b>7-26-63</b>	
26. REGISTRAR'S SIGNATURE <b>John S. Murphy</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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AUG 23 1965

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Will R. Rutter*

Licensed Embalmer No.

*4865*

P. O. Address

*St Louis MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.